



# **Public Health Funding and Policy Committee 2018 Annual Report**

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**As Required by  
Texas Health and Safety Code  
Section 117.103**

**Public Health Funding and  
Policy Committee**

**November 2018**

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## Executive Summary

The Public Health Funding and Policy Committee (PHFPC) 2018 Report is in response to [Texas Health and Safety Code, Section 117.103](#), which requires the PHFPC to submit a report to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives on the implementation of the committee's formal recommendations to the Department of State Health Services (DSHS) regarding:

- the use and allocation of funds available exclusively to local health departments (LHDs) to perform core public health functions;
- ways to improve the overall public health of citizens in this state;
- methods for transitioning from a contractual relationship between DSHS and the LHDs to a cooperative-agreement relationship between DSHS and the LHDs; and
- methods for fostering a continuous collaborative relationship between DSHS and the LHDs.

Recommendations made must be in accordance with:

- prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served;
- state and federal law; and
- federal funding requirements.

Not every Texan has the same level of local public health protection. The public health system in Texas is fragmented, complex, and in some instances, very limited. Texas delivers public health services through a system of state and local health departments. The presence, scope, and quality of public health services vary greatly among Texas counties and cities.<sup>1</sup> Among the 254 counties in Texas, 58 operate under a local public health services contract with DSHS. Many other entities provide a

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<sup>1</sup>Texas Department of State Health Services. 2012 PHFPC Annual Report. *Public Health Funding and Policy Committee*. <http://www.dshs.state.tx.us/phfpccommittee/default.aspx>. Published February 2013. Accessed March 7, 2016.

small subset of environmental permitting and/or clinical services. DSHS public health regions (PHRs) provide local public health services to counties without a local public health entity. On a routine basis, PHRs support LHDs in the provision of services when the local health entity does not have the resources available. PHRs also assist with response to disease outbreaks and natural disasters.

State funding of local public health services is also complex and not well understood. Local public health entities may receive city, county, state, federal, or other sources of funding. Historically, local public health entities' funding does not align with known public health risks, vulnerabilities, threats, and/or disease statistics.

The 2018 PHFPC recommendations are based on assessing and implementing processes to address the 2017 recommendations.

The PHFPC's priorities for 2018 consisted of continuing to address the recommendations made in the 2017 Annual PHFPC Report. The 2017 recommendations focused on core public health functions, LHD and PHR roles, data sharing between DSHS and LHDs, insurance category for public health, infectious disease, workforce development, and technology. The recommendations are complex and may take 3 -5 years to accomplish. PHFPC prioritized the list of recommendations, and the processes and timelines agreed upon are as follows:

- February, 16, 2018
  - ▶ Core Services/Roles, Responsibility & Capacity (Initial)
  - ▶ Insurance Category for LHDs (Initial)
- April 6, 2018
  - ▶ Core Services/Roles, Responsibility & Capacity (Follow-Up)
  - ▶ Insurance Category for LHDs (Follow-Up)
  - ▶ Data Sharing (Initial)
- June 28, 2018
  - ▶ Core Services/Roles, Responsibility & Capacity (Ongoing)
  - ▶ Data Sharing (Ongoing)
  - ▶ Workforce (Initial)
- August 16, 2018
  - ▶ Core Services/Roles, Responsibility & Capacity (Ongoing)
  - ▶ Workforce (Follow-Up)
  - ▶ Infectious Disease or Technology (Initial)
- October 2018
  - ▶ Core Services/Roles, Responsibility & Capacity (Ongoing)
  - ▶ Infectious Disease or Technology (Follow-Up)
  - ▶ Infectious Disease or Technology (Initial)

- December 2018
  - ▶ Infectious Disease or Technology (Follow-Up)
  - ▶ Next Steps

## Introduction

[Texas Health and Safety Code, Section 117.103](#) requires the Public Health Funding and Policy Committee (PHFPC) to submit a report to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives on the implementation of the committee's recommendations to the Department of State Health Services (DSHS).

DSHS has taken numerous steps to address the 14 comprehensive public health recommendations made by PHFPC in the 2017 report. A total of 86 meetings were conducted throughout the state to evaluate chronic disease, communicable disease, food services, environmental services, and preparedness activities among local health departments (LHDs) and DSHS Public Health Regions (PHRs). The data from these meetings will be presented to PHFPC in 2019 to evaluate the state of public health in Texas. DSHS has also facilitated meetings between the Health and Human Services Commission Medicaid staff and PHFPC to begin clarifying and addressing LHD and PHR issues with billing.

## Background

In the 75<sup>th</sup> Legislature, Texas passed H.C.R. 44 requiring an interim study to evaluate the role of local governments in providing public health services. The steering committee and working group for the required study submitted recommendations to the 76<sup>th</sup> Legislature which led to the passage of H.B. 1444, 76<sup>th</sup> Legislature, Regular Session, 1999. Texas established itself as one of the first states to codify the essential services of public health into statute. However, the effort to fund these essential services remains “subject to the availability of funds.” In addition, local service delivery remains problematic because the majority of funds are tied to categorical streams. A transformative change in state and federal funding of services is necessary.

Although H.B. 1444 provided a foundation, it did not define what constitutes a health department in Texas, establish standards, scope of services, or establish a mechanism for funding. Since 1999, when H.B. 1444 was passed, persistent programmatic funding cuts have resulted in decreased public health capacity. Many local governments voiced concerns about their inability to absorb state funding cuts without additional county or city dollars.

In March 2010, discussions began on how the Department of State Health Services (DSHS) could benefit from the creation of an advisory committee aimed at reviewing policy development and funding allocations to local health departments (LHDs). In 2011, the 82<sup>nd</sup> Legislature passed S.B. 969, which established the Public Health Funding and Policy Committee (PHFPC), emphasizing the need for a stable source of state funding to ensure equitable distribution of local public health services across the state. The bill required the Commissioner of DSHS to appoint nine members to PHFPC, as well as provide staff and material support to PHFPC and meetings. The committee meetings are subject to Chapter 331 of the Government Code, Open Meetings Act.

The general duties of PHFPC are outlined in Section 117.101 of the Texas Health and Safety Code. PHFPC shall:

- define the core public health services a local health entity should provide in a county or municipality;
- evaluate public health in this state and identify initiatives for areas that need improvement;

- identify all funding sources available for use by LHDs to perform core public health functions;
- establish public health policy priorities for this state; and
- at least annually, make formal recommendations to DSHS regarding:
  - ▶ the uses and allocation of funds available exclusively to LHDs to perform core public health functions;
  - ▶ ways to improve the overall public health of citizens in this state;
  - ▶ methods for transitioning from a contractual relationship between DSHS and the LHDs to a cooperative-agreement relationship between DSHS and the LHDs; and
  - ▶ methods for fostering a continuous collaborative relationship between DSHS and the LHDs.

The statute further specifies that recommendations must be in accordance with prevailing epidemiological evidence, variations in the geographic and population needs, best practices, and evidence-based interventions related to the populations to be served, as well as state law, federal law, and federal funding requirements.

## Accomplishments

The Public Health Funding and Policy Committee (PHFPC) and the Department of State Health Services (DSHS) have worked together to identify and initiate processes to address the 2017 recommendations. One of PHFPC's 2017 recommendations led to a public health assessment, at both the local and regional public health levels, focusing on the capacity and capability of local health departments (LHDs). Another 2017 recommendation has resulted in taking steps towards increasing opportunities as well as removing barriers in regards to billing for public health services.

During the summer months of 2018, DSHS staff conducted staff interviews that allowed collection of information on the types of public health services available within the region, location of those services, and unmet service needs. These regional discussions provided an opportunity for staff of LHDs and PHRs to collectively discuss and identify factors impacting capacity and capability to provide those services as well as solutions and partnership opportunities between DSHS and LHDs. This information will help inform and clarify roles and responsibilities among LHDs and PHRs. Initial feedback from the effort has been positive, and these meetings have opened communication tremendously among LHDs and PHRs.

As a result of the meetings, DSHS began writing a report titled Texas Public Health System: 2018. This will serve as a foundation to understand and improve the public health system. DSHS staff will compile the data and present the report to PHFPC in 2019.

Additionally, PHFPC met with the Health and Human Services Commission (HHSC) Medicaid/CHIP Policy and Program Development staff to determine how to move forward with making billing simpler and more transparent for LHDs. As a first step, HHSC compiled an LHD survey to capture current billing practices, barriers, and other unreimbursed services provided by LHDs. The Managed Care Organizations (MCOs) were also surveyed. HHSC completed survey collection in late August of 2018. One hundred percent of the MCOs responded and sixty-two percent of LHDs responded. The Medicaid/CHIP program can now analyze the collected data and form a working group to address identified issues.

## Current Activities

The Public Health Funding and Policy Committee (PHFPC) continues its collaboration with the Department of State Health Services (DSHS) to address the committee's 2017 recommendations. At each PHFPC meeting in 2018, DSHS presented and requested input on one or more of the 2017 recommendations in order to move the recommendations forward.

As of August 2018, PHFPC had discussed several of the 2017 recommendations and made progress towards addressing them. PHFPC met in January 2018 to initiate discussions on the recommendation to enhance the insurance billing for local health departments (LHDs) and received updates at subsequent meetings. In April, PHFPC reviewed processes and procedures, data sharing between DSHS and LHDs, and roles and responsibilities for LHDs and DSHS public health regions (PHRs). At the June meeting, PHFPC analyzed billing, roles and responsibilities, and workforce recommendations. During the August meeting, PHFPC considered recommendations on billing, roles and responsibilities. The committee is working closely with DSHS to continue moving these recommendations forward, and to address additional recommendations using the proposed timeline agreed upon during the January PHFPC meeting.

One of the charges to PHFPC is to identify all funding sources available for use by LHDs to perform core public health functions. In order to fulfil that charge, PHFPC and DSHS have entered into an agreement with the University of Kentucky to conduct an analysis and evaluation of public health funding made available to LHDs in Texas. The Texas Funding Analysis Project Memorandum of Understanding was signed in August 2017. The University of Kentucky researchers are in the process of reviewing data provided by DSHS. PHFPC will use the data to analyze current funding practices and make recommendations.

In December 2014, a workgroup consisting of DSHS staff and staff from small, medium, and large LHDs met for three days and created a funding formula for the Public Health Emergency Preparedness (PHEP) dollars Texas receives. In 2014, The PHFPC recommended the funding formula be approved but that DSHS should find additional funding to mitigate the impact of those who would take severe funding cuts. DSHS did not implement the funding formula at that time. The workgroup reconvened in August 2018 to review the current PHEP funding formula and propose options for the funding formula. The next step is for the workgroup and DSHS to brief all LHDs on the options.

# Recommendations

The Public Health Funding and Policy Committee (PHFPC) has developed recommendations based on assessing and implementing processes to address the 2017 recommendations which focused on: core public health functions, roles of local health departments (LHDs) and public health regions (PHRs), data sharing between the Department of State Health Services (DSHS) and LHDs, insurance category for public health, infectious disease, workforce development, and technology.

## Core Functions Recommendations

### **A. PHFPC recommends that DSHS adopt core services as listed in the “Defining Core Public Health Services” document as the Texas standard.**

Discussion: DSHS responded they will work with PHFPC to identify a standard set of core public health services that local health entities (LHEs) should provide within their jurisdiction and how to operationalize the services in each jurisdiction. Core services should reflect the public health services that every Texas resident would receive. Clarification of the term “core” as a minimum set of services versus an ideal set of services still needs further discussion. DSHS supports continued efforts by PHFPC to show how the “Defining Core Public Health Services”<sup>2</sup> document relates to the essential public health services as defined in [Texas Health and Safety Code Section 121.002](#).

**Status:** This process is ongoing. PHFPC and DSHS have not established a finalized set of core services. PHFPC and DSHS will re-evaluate the issue in 2019.

### **B. PHFPC recommends that DSHS define core public health as written in Public Health Service Delivery in Texas: “A System for**

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<sup>2</sup> Texas Department of State Health Services. Defining Core Services. *Public Health Funding and Policy Committee*. <http://www.dshs.state.tx.us/phfpccommittee/>. Published June 2017. Accessed October 19, 2018

**Categorizing Local Health Entities”<sup>3</sup> but change the criteria to “assure in the local jurisdiction” not directly provided by LHDs.**

**Discussion:** DSHS agrees the definition of core services should be based on the availability of services within a jurisdiction rather than directly provided by an LHD. Chapter 121 of the Texas Health and Safety Code allows local jurisdictions to establish entities to operate as a local health unit, LHD or public health district.<sup>4</sup> Local jurisdictions, through home rule, can elect to provide a full array of public health services as determined in statute. These may include the ten essential public health services or a smaller number of services. When an LHE is not present or is unable to provide a public health service, the PHR may provide that service, although that may occur on a limited basis.<sup>5</sup>

**Status:** This process is ongoing. PHFPC and DSHS have not established a finalized definition of core services. PHFPC and DSHS will re-evaluate the issue in 2019.

**C. PHFPC recommends that DSHS conduct facilitated meetings in each DSHS PHR with the LHD and PHR staff to: 1) discuss/determine core functions expected for all residents in Texas, 2) identify the assets in the region/LHD to provide the core services, 3) identify gaps/barriers in the region/LHDs, 4) prioritize gaps, 5) discuss possible solutions, and 6) determine cost-effective and efficient methods in each region to ensure core services.**

**Discussion:** DSHS has initiated a multi-year effort to provide a framework to support statewide public health system improvement through enhanced collaboration and partnership. DSHS is conducting assessments and regional meetings to establish an understanding of public health service delivery, capacity, capabilities, and to identify gaps across the state.

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<sup>3</sup>Texas Department of State Health Services. A System for Categorizing Local Health Entities. Legislative Reports 2017. <https://www.dshs.texas.gov/Legislative/Reports-2017.aspx>. Published March 2017. Accessed October 19, 2018

<sup>4</sup> Texas Health and Safety Code, Title 12, Chapter 1001, Subchapter D, Section 1001.071.

<sup>5</sup> Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121, Sections 121.002 and 121.00.

**Status:** This process is ongoing. When DSHS completes data collection and analysis, they will present the information to PHFPC. PHFPC will use the data to: 1) identify gaps/barriers in the region/LHDs, 2) prioritize gaps, 3) discuss possible solutions, and 4) determine cost-effective and efficient methods in each region to ensure core services.

## Roles of Local and Regional Health Service Departments Recommendations

- A. PHFPC recommends that DSHS evaluate local and state roles in each region; promote independence and create surge capacity at DSHS PHR offices; and define DSHS PHR and LHD functions. To clearly define public health roles, PHFPC recommends creating memorandums of understanding (MOUs) describing the DSHS PHR and local responsibilities in each jurisdiction, with or without funding attached.**

**Discussion:** DSHS agrees that a clearer delineation of roles is important whether it is established formally through MOUs or more informally through guidance documents. DSHS identified that formal agreements would be complex. DSHS will work with PHFPC to determine next steps for helping to better clarify roles.

In terms of surge capacity, DSHS agrees that steps can be taken to strengthen surge capacity to support local public health. DSHS offers assistance to LHDs upon request during routine public health activities and emergency events when resources are available.

DSHS recognizes locally established health departments, districts, and units, as being responsible for exercising local control when providing public health services. The ongoing role of DSHS is supporting local jurisdiction requests for assistance during disease outbreaks, addressing surge, and providing technical support as subject matter experts. As a result of both the 83<sup>rd</sup> and 84<sup>th</sup> Legislative Sessions, DSHS received exceptional item funding to support 45 locally placed epidemiologists specifically for public health disease outbreak investigations and response. These positions also aid in statewide surge capacity for DSHS and other locals when the need presents itself. This example could possibly be used as a model for additional public health staffing shortage areas such as nurses and sanitarians.

**Status:** This process is ongoing. DSHS and PHFPC will need to discuss available options for surge capacity situations and routine public health activities.

**B. PHFPC recommends that DSHS revisit having a Cooperative Agreement between DSHS and LHDs, and further describe roles and responsibilities resulting in partnerships versus contracts.**

**Discussion:** DSHS understands and agrees with the spirit and intent of this recommendation, however, some limitations exist in the use of this concept. There is opportunity for negotiation among DSHS programs and LHDs under the state's current contracting standards and will continue to work collaboratively with LHDs to ensure the needs of the communities they serve are being met.

In Texas law, cooperative agreements appear to be synonymous with a grant and is not seen as a separate agreement vehicle according to Comptroller's Uniform Grant Management Standards (UGMS).<sup>6</sup> A cooperative agreement is a legal agreement of financial assistance between a federal agency and a non-federal entity such as a state or local government, tribal government, or other recipient.<sup>7</sup> As such, the term "cooperative agreement" should not be applied to financial assistance instruments between DSHS, a state agency, and LHDs. The federal government recognizes a bigger difference between contracts, grants, and cooperative agreements. Based upon the Contract Manual and UGMS, it does not appear that cooperative agreements are available unless treated as a grant. Currently, there is no evidence of any cooperative agreements in Texas that do not include the federal government. There is emphasis in UGMS that the form of the agreement is less important than the provisions contained within.

**Status:** DSHS and PHFPC will need to discuss available options for an agreement between state and local entities to reflect the spirit and intent of a cooperative agreement

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<sup>6</sup> Texas Comptroller of Public Accounts. Uniform Grants Management Standards. <http://governor.state.tx.us/files/state-grants/UGMS062004.doc>. Accessed November 20, 2017.

<sup>7</sup> Office of the Federal Registrar. Electronic Code of Federal Regulations. [https://www.ecfr.gov/cgi-bin/text-idx?SID=46104990e1c2a6428d3e417781304a9f&mc=true&node=pt2.1.200&rgn=div5#se2.1.200\\_124](https://www.ecfr.gov/cgi-bin/text-idx?SID=46104990e1c2a6428d3e417781304a9f&mc=true&node=pt2.1.200&rgn=div5#se2.1.200_124). Accessed November 5, 2017

**C. PHFPC recommends that DSHS increase public health capacity at the public health region level in the areas of routine public health functions and the ability for surge capacity in the areas of epidemiologists, disease intervention specialists, nurses and sanitarians.**

**Discussion:** DSHS acknowledges the public health workforce shortages that exist in disciplines necessary to provide public health services (e.g. nursing, epidemiology, laboratory, and environmental health). Support to locals by DSHS PHRs is ongoing during natural and manmade disasters. As recent as Hurricane Harvey, PHRs provided epidemiological, public health nursing, and sanitarian support to impacted areas of the state. These examples reflect how DSHS has adopted a systems approach to public health service provisions that relies on the cooperation and sharing of staff and expertise among DSHS PHRs. DSHS acknowledges that this approach is constrained by the general shortage of the public health workforce and is willing to explore other possibilities for providing surge capacity.

**Status:** This process is ongoing. DSHS and PHFPC will need to discuss available options for workforce shortage in both emergency and non-emergency response situations.

## **Data Sharing Recommendation**

**A. PHFPC recommends that DSHS continue to work with the external data sharing workgroup to determine how LHDs can obtain public health data maintained by DSHS. Look at options to: 1) evaluate the possibility of governmental transfer of information, 2) identify the statutes creating barriers, and review the language, and 3) review and identify legislative barriers and define the interdependent relationship between LHDs and DSHS removing barriers to data sharing.**

**Discussion:** DSHS understands that the LHDs need certain public health data. Many data sets are governed by specific statutory requirements while others are more flexible. DSHS is committed to addressing specific issues related to LHE's data. Activities related to resolving the issue are listed below:

- Modifying application forms and processes associated with the DSHS Institutional Review Board to clarify when review is not necessary due to the use of data for public health purposes.
- Eliminating fees for LHEs to receive hospital discharge Public Use Data Files.
- Improving self-service access to select data resources, such as the Texas Health Data at [healthdata.dshs.texas.gov](http://healthdata.dshs.texas.gov).
- Conducting outreach with LHEs to promote and discuss data resources including Texas Health Data available on the DSHS website and to identify additional data needs to help better serve the population.
- Establishing a single point of contact for escalation of data requests by LHEs.
- Identifying specific statutory issues impacting data sharing with LHEs.
- Maintaining communications and discussions regarding additional improvements that will enhance interoperability and the exchange of information.

**Status:** This process is ongoing. DSHS and PHFPC will need to discuss implementation timelines for available options.

## Insurance Category for Public Health Recommendations

- A. PHFPC recommends that DSHS request HHSC to sponsor a meeting between HHSC, Medicaid, and local health department (LHD) and Public Health Region (PHR) representatives to develop solutions and strategies to eliminate the credentialing and contracting barriers that currently exist for LHDs and PHRs seeking contracts with public and private insurance companies.**

**Discussion:** DSHS agrees to request that HHSC sponsor a meeting. DSHS worked with PHFPC to schedule the initial and subsequent meetings. In the 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, DSHS, Rider 75) report, DSHS provided the option of working with the Texas Department of Insurance (TDI) to develop a public health provider type to allow LHDs to become credentialed as in-network providers. This provider type would allow LHDs to bill for a variety of services. DSHS is willing to assist in making any connections with relevant parties such as HHSC and TDI so PHFPC can explore issues with those entities further.

**Status:** This process is ongoing. DSHS and PHFPC will continue with current Medicaid staff meetings and follow-up on potential requests to TDI.

**B. PHFPC recommends that DSHS identify potential legislation and policies to reduce barriers and challenges LHDs and PHRs experience when accessing Medicaid and other third party reimbursement for services provided to eligible clients.**

**Discussion:** As a state agency, DSHS cannot advocate for specific legislation; however, DSHS will continue to work with PHFPC to identify potential actions within its current authority as well as any statutory provisions that limit the ability of LHDs to access Medicaid and/or third party reimbursement. DSHS is willing to assist in making connections with relevant parties such as HHSC and TDI so PHFPC can explore issues with those entities further.

**Status:** This process is ongoing. DSHS, HHSC, and PHFPC have met to determine the next steps. A survey to LHDs and MCOs was conducted and data analysis is underway. It may take 3-5 years to complete this recommendation.

**C. PHFPC recommends that DSHS central office programs, PHRs, and LHDs work collectively with HHSC to support the incorporation of community-based public health services into value-based payment/reimbursement models. Examples include community health workers/disease management, lead abatement/asthma trigger removal in the home, etc.**

**Discussion:** DSHS agrees that the incorporation of community-based public health services into value-based payment/reimbursement models is worthwhile and would be an item to include during the aforementioned meeting with HHSC.

**Status:** This process is ongoing. DSHS and PHFPC will continue with current Medicaid staff meetings and follow-up on potential requests to TDI as well as assist in facilitating connections with relevant parties so that LHDs can begin these discussions. This recommendation may take 3-5 years to achieve.

## Infectious Disease Recommendations

- A. PHFPC recommends that DSHS develop and implement a plan to enhance communication and operational processes to ensure the fidelity and efficiency of the Local Health Authority role in responding to disease outbreaks.**

**Discussion:** DSHS recognizes that infectious diseases varies with the severity and communicability of the disease. LHDs, healthcare providers, emergency responders, and the government routinely work together and are in the best position to take immediate action for both small and large-scale community events. The appointed local health authority brings medical expertise combined with local knowledge and insight to assure appropriate communicable disease control measures are in place in their jurisdiction in accordance with Chapter 81 of the Texas Health and Safety Code.

DSHS respects the role of local health authorities and departments in responding to infectious diseases in their jurisdictions. As the state public health agency, DSHS works across jurisdictions to ensure protection of the whole population as infectious diseases do not respect jurisdictional boundaries. Working toward enhancing communication and operational processes requires a solid understanding of the roles and responsibilities at the local and state level. DSHS is initiating steps to improve the public health system as part of its Public Health Action Plan. Improving communication and coordination will be a significant part of these efforts.

Additionally, DSHS is constantly striving to refine and improve coordination and communication between DSHS and all of the public health partners. Following significant public health events, the after action review (AAR) process is utilized to analyze what happened, why it happened, and identify lessons learned that can be incorporated into plans for responding to future events. The areas of focus during an AAR vary based on the specific circumstances of the event, but often address coordination and communication between the various entities involved in the response.

**Status:** Based on the agreed upon process and timeline, this recommendation has not been addressed to date. DSHS and PHFPC need

further discussion to address this recommendation, and to develop and implement a plan to enhance communication and operational processes.

**B. PHFPC recommends that DSHS invest in the development and maintenance of a robust, multidisciplinary approach, such as One Health, to infectious disease prevention and response.**

**Discussion:** DSHS is committed to working with PHFPC to further analyze this recommendation and determine steps to enhance and improve the approach to infectious disease prevention and response.

DSHS is currently implementing an initiative called 'The Whole Person Approach' at the PHR level. The concept is to coordinate disease treatment and prevention, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources. DSHS will present more details and data on this initiative to the PHFPC at a future meeting.

The One Health approach is defined as a collaborative, multisectoral, and trans-disciplinary approach — working at the local, regional, national, and global levels — with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.

**Status:** Based on the agreed upon process and timeline, this recommendation has not been addressed to date. PHFPC agrees with the response from DSHS and plans to work with them to explore how to better incorporate One Health into practice.

## **Workforce Development Recommendation**

**A. PHFPC recommends that DSHS collaborate with academic partners and LHDs to develop role-specific classes and create a general employee public health training class for professional and non-professional staff. The classes should be available electronically (on-line classes/webinars) and some face-to-face options.**

**Discussion:** DSHS agrees that a strong public health workforce is important. DSHS will work to conduct a statewide review of public health

academic and educational programs to determine if a general public health module exists. DSHS encourages PHFPC to engage public health school representatives to identify solutions.

DSHS recognizes the need for and supports a highly skilled and dedicated workforce. DSHS will also continue to look for new and innovative ways to educate the workforce. Currently, DSHS provides a multi-media learning series designed to expand the public health professional's understanding of the science and evidence-based practice of population health. Each session focuses on key challenges related to a specific health topic, and explores cutting-edge scientific evidence and potential impact of different interventions. DSHS will continue working with PHFPC to understand the educational needs of local public health entities to determine the best course of action.

**Status:** This process is ongoing. DSHS has coordinated an initial meeting with representatives from all schools and programs of Public Health in Texas. These representatives are working to develop a proposal to address workforce development to be presented to PHFPC in the future. PHFPC agrees with DSHS and will engage public health schools to identify educational opportunities.

## Technology Recommendations

- A. PHFPC recommends that DSHS create one centralized disease reporting system for the State, upgrade DSHS technology to HL7 format so LHD's can electronically send reports to the DSHS database.**

**Discussion:** DSHS shares PHFPC's interest in improving efficiencies in public health's use of technology, and is focused on adopting technology to enhance collaboration and, where information exchange is utilized, incorporate recognized standards.

To fulfill DSHS responsibilities, program areas may require different types of interactions with external entities. In some cases, external entities only submit information. In others, entities may need to access information developed or modified by DSHS staff. These differences impact how DSHS and its partners approach interoperability.

The complexity of this recommendation will require further dialogue with PHFPC before any action steps can be formulated.

**Status:** Based on the agreed upon process and timeline, this recommendation has not been addressed to date. PHFPC and DSHS need to discuss this recommendation further.

**B. PHFPC recommends that DSHS create a workgroup to evaluate efficiencies and identify areas where technology solutions can improve the public health system.**

**Discussion:** DSHS recognizes that successful expansion of Electronic Health Record utilization and the use of technology to advance public health relies on collaboration. DSHS accepts the PHFPC's recommendation to establish a technology-oriented workgroup that expands collaboration between DSHS and LHEs to improve the public health system.

**Status:** Based on the agreed upon process and timeline, this recommendation has not been addressed to date. PHFPC and DSHS need to discuss recommendation further.

## Conclusion

The Public Health Funding and Policy Committee (PHFPC) will continue to fulfill its duties, as outlined by state statute, and appreciates the opportunity to contribute to the development of a statewide public health system. Through collaboration with HHSC, DSHS, LHDs, and other public health stakeholders, PHFPC has made progress toward this effort. PHFPC will persist in its efforts to work with all interested parties to complete the development of a statewide public health system with a standard menu of public health services available to every resident in the state.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
AAR	After Action Report
DSHS	Department of State Health Services
HHSC	Health and Human Services Commission
LHD	Local Health Department
LHE	Local Health Entity
MCO	Managed Care Organization
MOU	Memorandum of Understanding
PHEP	Public Health Emergency Preparedness
PHFPC	Public Health Funding and Policy Committee
PHR	Public Health Region
TDI	Texas Department of Insurance
UGMS	Uniform Grants Management Standards